PTO/SB/01 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR	Attorney Docket Number	014US1			
DESIGN	First Named Inventor	Patrick Miles			
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number	10/789,797			
Declaration Submitted OR Submitted after Initial	Filing Date	February 27, 2004			
With Initial Filing (surcharge Filing (37 CFR 1.16 (e))	Art Unit	3762			
required)	Examiner Name	n/a			

		Toquiroc				100		
I hereby declare that:	•							
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
I believe the inventor(s which a patent is soug				inventor(s) of the subject	ct matter v	which is claim	ed and for
Surgical Access	System and	Rela	ited Methods					
	•							
the specification of whi	ich		(Title of the	Invention)				
is attached her	reto							
OR								
was filed on (MI	M/DD/YYYY)		02/27/2004] as I Ini	ted States An	nlication l	Number or PC	CT International
	W/00//////////////////////////////////			_ as on	ieu olaics Ap	phoanon		or International
Application Number	Application Number 10/789,797 and was amended on (MM/DD/YYYY) (if applicable).							(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amen	ndment specifica	Illy refe	rred to above.			•		
I acknowledge the du								
continuation-in-part ap and the national or PC						the filing	date of the	prior application
I hereby claim foreign						any fore	ion application	on(s) for patent.
inventor's or plant bree	eder's rights cer	tificate((s), or 365(a) of an	y PCT inte	ernational app	lication w	vhich designa	ted at least one
country other than the application for patent, i								
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Applic		· · ·	Foreign Filing		Priori	ty		opy Attached?
Number(s)	Cour	itry	(MM/DD/YY	ΥΥ)	Not Clai	mea 7	YES	NO NO
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Additional for	eign application	numbe	ers are listed on a s	upplement	al priority data	a sheet P	TO/SB/02B a	ttached hereto.
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[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Name								
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST	INVENTOR:		etition h	as been file	d for this	s unsigr	ned inventor	
Given Name (first and middle	[if any])			Family Name or Surname				
Patrick Miles								
Inventor's Signature				•			Date 4/11/65	
Residence: City	State	State				Citizer	nship	
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Mailing Address 5227 Greenwillow Lane								
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Family Name or Surname								
Scot				Martinelli			Doto	
Inventor's Signature							Date 4/5/85	
Residence: City	State	· ·			Citizer	•		
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Mailing Address 9624 Rasen Montril 10065 Old brose Rd 15973 Crown Valley Rd								
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Additional inventors or a legal	representative are being	named on the 3	supplemen	tal sheet(s) PT0	D/SB/02A	or 02LR	attached hereto.	

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Supplemental Sheet				
	Page_	3	٠f	5
	PAUR.			

Name of Additional Joint Inventor, if an	A petition has been filed for this unsigned inventor						
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Eric	Finley						
Inventor's Signature				Date 2/28/05			
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Mailing Address			· · · · · · · · · · · · · · · · · · ·	· · · · ·			
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City	State		Zip	Count	ry		
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James	Gharib						
Inventor's Signature	Date			Apros			
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Resider ce: City 10918 Derrydown Way	State		Country	<u>l</u>	Citizenship		
Mailing Address		 	1		······································		
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Name of Additional Joint Inventor, if an	A petition has been filed for this unsigned inventor						
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Allen	Farquhar						
Inventor's ALL 3				Date	1198 05		
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Residence: City	State		Country		Citizenship		
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Mailing Address	1		r	T			
San Diego	CA		92117	USA			
City	State	ha lafa wali	Zip	Count			

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DECLARATION	Supplemental Sheet Page 4 of 5							
Name of Additional Joint Inventor, if an	A petition has been filed for this unsigned inventor							
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Norbert	Kaula							
Inventor's Signature	/11			Date (05.09.05			
Arvada Residence: City	CO State	USA Cou	USA Country		ship			
8258 West 72nd Ave								
Mailing Address								
Arvada City	CO State		80005 Zip	USA Country				
Name of Additional Joint Inventor, if any	/ :	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)	Family Name or Surname							
Jeffrey		Blewett						
Inventor's DECEASED Signature				Date				
San Diego Residence: City	CA State	USA Country		United States Citizenship				
9950 Erma Road #104	Otate	············	Country		J. C.			
Mailing Address								
San Diego City	CA State		92131 Zip	USA Countr	у			
Name of Additional Joint Inventor, if any	/ :	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))		Family Name or Surname						
Inventor's Signature				Date				
Residence: City	State		Country		Citizenship			
Mailing Address								
City	State		Zin	Countr	΄,			

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LEGAL REPRESENTATIVES (35 U.S.C. 117) DECLARATION Supplemental Sheet Page 5 of A petition has been filed for this non-signing legal representative Name of Legal Representative: Given Name (first and middle (if any)) Family Name or Surname MEDEIROS GORETTI Legal Representative's Fidures Signature CT U.S. US. Residence: City PLANTS VILLE State Country Citizenship PARKUIEW DRIVE 86 Mailing Address Mailing Address CT PLANTSVILLE 06479 USA City State Country Name of Additional Legal Representative, if any: A petition has been filed for this non-signing legal representative Given Name (first and middle (if any)) Family Name or Surname Legal Representative's Signature Residence: City State Country Citizenship Mailing Address Mailing Address Zip City State Country A petition has been filed for this non-signing legal representative Name of Additional Legal Representative, if any: Given Name (first and middle (if any)) Family Name or Sumame Legal Representative's Signature Date State Residence: City Country Citizenship Mailing Address

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Country

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